



STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL  
TAX DIVISION  
425 QUEEN STREET  
HONOLULU, HAWAII 96813  
(808) 586-1470 FAX (808) 586-1477

Rev.6-05

## REGISTRATION STATEMENT FOR PROFESSIONAL SOLICITOR - FORM AGTAX-2

INITIAL RENEWAL  
(CHECK ONE ABOVE)

CERTIFICATE # \_\_\_\_\_  
(RENEWAL APPLICANTS ONLY)

FEE REMITTED \_\_\_\_\_

**1. Business name and address of applicant:**

\_\_\_\_\_  
FULL BUSINESS NAME

c/o \_\_\_\_\_

\_\_\_\_\_  
STREET AND NUMBER

CITY

STATE

ZIP CODE

COUNTRY

COUNTY

TELEPHONE #

800 TELEPHONE #

**2. Any other names under which you conduct business:**

**3. Form of organization:**

a. Corporation (State of Incorporation and Date) \_\_\_\_\_

c. Individual

b. Partnership

d. Other \_\_\_\_\_

**4. If principal place of business is located outside Hawaii do you have any offices in Hawaii?**

Yes No If "Yes", attach address(s), telephone number(s) and person(s) in charge of each office.

**5. Attach a list of the names and residence addresses of all principals of the organization, including officers, directors, and owners.**

**6. Provide the name of all persons who supervise any solicitation activity with respect to the solicitation of contributions from Hawaii residents.**

**7. If you answer "Yes" to any of the following, attach list of related individuals with names and relationship. Are any of the owners, directors, officers or employees of the applicant related by blood, marriage or adoption to:**

(A) Any other directors, officers, owners or employees of the applicant? Yes No

(B) Any officer, director, trustee or employee of any charitable organization under contract with applicant? Yes No

(C) Any supplier or vendor providing goods or services directly or indirectly to any charitable organization under contract with the applicant? Yes No

**8. Has the organization ever voluntarily entered into any legally enforceable agreement such as an assurance of voluntary compliance or discontinuance with any District Attorney, Office of Attorney General, local or state governmental agency?**

Yes No If "Yes", attach copy of such agreement.

Visit our Web site at: [www.hawaii.gov/ag/charity\\_resources.htm](http://www.hawaii.gov/ag/charity_resources.htm)

9. Has a license, permit or registration of applicant ever been denied, suspended or revoked by any governmental agency, or are such proceedings pending? Yes No If “Yes”, state reasons for such denial, suspension or revocation and attach copy of such denial, suspension or revocation.
10. Has applicant, any officer or director of the applicant, any person with a controlling interest in the applicant, or any person the applicant employs, engages or procures to solicit for compensation ever been convicted by a court of any state or the United States of any felony, or any misdemeanor involving dishonesty or arising from the conduct of a solicitation for a charitable organization or purpose? Yes No If “Yes”, give complete information.
11. Are all contracts with charitable organizations on file with the Tax Division of the Hawaii Department of the Attorney General? Yes No Not Applicable . If “No”, attach copies. File only those contracts regarding the solicitation of contributions from Hawaii residents. Renewal registrants, shouldn’t re-file contracts previously filed with the Department.

**Item 12 need only be completed by initial registrants**

12. Date organization first solicited contributions from Hawaii residents on behalf of a charitable organization: \_\_\_\_\_ (If not applicable, please state such).

I hereby certify, under the penalties provided in section 710-1062, Hawaii Revised Statutes, that the information provided in this registration is true and correct.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL OFFICER

DATE\_\_\_\_\_

\_\_\_\_\_  
TYPE OR PRINT NAME AND TITLE OF  
PRINCIPAL OFFICER

**CHECKLIST**

- Registration Statement signed.
- Any attachments to the Registration Statement.
- Bond Form AGTAX-3 completed and signed.
- Any contracts/solicitation notices not previously filed.
- \$250 registration fee.